

1007103 SA/ORS

POSTED  
007-1706

STP-01

2006-190-T

the Order to file proof of liability and cargo insurance, rates and obtain a satisfactory safety rating(which is performed by State Transport Police(803-896-5500) with the Office of Regulatory Staff, Post Office Box 11263, Columbia, SC 29211.

3. After 60 days, extension of time to comply must be requested in writing.

**Step 8: Issuance of Certificate**

A. After filing of insurance, rates and safety information, the Certificate of Public Convenience and Necessity is issued.

FORM C-EF

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE  
COLUMBIA, SOUTH CAROLINA 29210  
(Mailing address: Post Office Box 11649, Columbia, SC 29211)**

**OFFICE # (803) 896-5100**

**FAX # (803) 896-5199**

CLASS E (HHG)

DATE \_\_\_\_\_, 20\_\_

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE  
AND NECESSITY FOR OPERATION OF MOTOR VEHICLE  
CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

*Doug Turner* ONWARD MOVING SERVICE  
(a) Street Address of Applicant \_\_\_\_\_

1462 Hwy 185 S HODGES SC 29653

(b) Mailing address, if different from street address \_\_\_\_\_

RECEIVED  
JUL 18 2006  
PSC/SC  
DOCKING DEPT.

gbs

(c) Telephone Number 864 - 379-3411 SS No. \_\_\_\_\_

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business.  
(b) If a corporation, names and addresses of two principal officers will be sufficient.

5. (a) Class E – the proposed rates and charges for service, rules and regulations governing same are included herewith, as set forth on Exhibit "A".  
(b) Class F – Contracts are included herewith.

6. The proposed commodities to be transported and the area to be served, as set forth on Exhibit "C" included herewith. \_\_\_\_\_

7. The proposed list of equipment is as per Exhibit "D" included herewith.

8. Applicant proposes to operate service applied for as follows: (Check one)  
(a) Intrastate Only ☒ (b) Interstate Only \_\_\_\_\_

9. **IMPORTANT!** If application is to request reinstatement, amend, sale, lease or otherwise transfer a certificate of PC&N, a current annual report shall be on file with the Commission **before** application will be accepted. Annual report form attached for your convenience. **If application is for a NEW CERTIFICATE, DO NOT SUBMIT ANNUAL REPORT.**

10. Is applicant certified to provide **intrastate** transportation of household goods in another state? Yes ☐ No ☒ (Check one).

*If yes, attach a letter from the regulatory agency in the State(s) stating applicant is in compliance with the rules and regulations of said state agency.*

11. Has applicant been convicted of operating with no **intrastate** household goods authority or failure to abide by the rules and regulations pertaining to the **intrastate** transportation of household goods in this state or any other state?  
Yes ☐ No ☒ (Check one)

*If yes, list dates and nature of convictions below.*

12. Has applicant ever had certificate authorizing the transportation of household goods revoked in this state or any other state?  
Yes ☐ No ☒ (Check one).

*If yes, list dates and reason for revocation below.*

13. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

**Balance at Time Application is Filed:**

Month: July Year: 2006

**Assets:**

CLASS E  
EXHIBIT A

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

**POST OFFICE DRAWER 11649  
COLUMBIA, SC 29211**

DOUG TURNER (ONWARD MOVING SERVICE)  
(APPLICANT)

1762 Hwy 185 South HODGES SC 29653  
(ADDRESS)

**Proposed Rates and Charges for Service**

**And Rules and Regulations Governing Same Are As Follows:**

SIXTY FIVE DOLLARS per hour

CLASS E  
EXHIBIT C

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Post Office Drawer 11649  
Columbia, South Carolina 29211

DOUG TURNER DBA ONWARD MOVING SERVICE

(Name)

1462 Hwy 135 S HODGES SC 29653

(Address)

Over Irregular Routes:

Commodities to be Transported:

Household Goods, As Defined in R. 103-210(1): LIVING ROOM, Bedroom  
Dining Room, Appliances, Televisions etc.

Area to be Served: (List counties in detail)

ABBEVILLE, Greenwood, ANDERSON, McCORMICK, Greenville

DOUG TURNER (ONWARD  
MOVING SERVICE)

(Applicant)

Date:

7/05/06

Doug Turner

## EXHIBIT D

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

## DESCRIPTION OF EQUIPMENT

[illegible]

6/28/06  
E mailed to insured**Insurance Proposal For:****Onward Moving System**

Date: 6/28/2006

**1 VEHICLE LIABILITY POLICY**

Policy Period:

Liability Limits:

Uninsured Motorist:

Underinsured Motorist:

**NOTE:**Increased limits for Uninsured and/or Underinsured Motorists  
coverage may be available for an additional premium.

Coverage: \*Specifically Described Autos\*

Equipment List:

1999 GMC

Straight Truck

quote good for 30 days

\$750,000

\$40,000

\$40,000

Filings:

Radius of Operations:

Liability Premium:

Form E

200

\$ 2,026.00

**2 VEHICLE PHYSICAL DAMAGE POLICY**

Policy Period:

Radius of Operations:

Policy Form:

Comprehensive Deductible:

Collision Deductible:

Equipment List:

Stated Amount

Not Requested

\*Physical Damage Does **NOT** include windshield breakage\*

Physical Damage Premium:

**3 MOTOR TRUCK CARGO POLICY**

Policy Period:

Radius of Operations:

Commodities:

Policy Limit:

Deductible:

Refrigeration Breakdown: (30 Day Written Maintenance Records Required)

Coverage for Unattached Trailer

Filings:

Equipment List:

1999 GMC

Straight Truck

quote good for 30 days

200

household goods

\$ 10,000.00

\$ 1,000.00

n/a

Excluded

Form H

Motor Truck Cargo Premium:

\$1,269.00

\* All Cargo Policies are Different. Read Your Policy Carefully and be Sure to Understand  
the Limitations and Exclusions. If You Have any Questions Please Call Our Office.

**EXHIBIT FWA**

Name: DOUG TURVER  
Address: 1462 Hwy 185 S HODGES SC 29653  
Telephone No. 864-379-3411 Fax No. \_\_\_\_\_  
U.S.D.O.T. No. 1467188 ICC No. \_\_\_\_\_

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes \_\_\_\_\_ No ☒ Pending \_\_\_\_\_ (Submit when received)  
(If "yes", indicate rating and provide copy) Satisfactory \_\_\_\_\_  
Conditional \_\_\_\_\_  
Unsatisfactory \_\_\_\_\_

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes \_\_\_\_\_ No ☒

3. Are there currently any outstanding judgement(s) against Applicant?

Yes \_\_\_\_\_ No ☒  
(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ☒ No \_\_\_\_\_

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ☒ No \_\_\_\_\_

*(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)*

\_\_\_\_\_



(Applicant's Signature)

Sworn to before me

At Carolina First Bank

This 10 day of July 2006

[Signature]  
(Notary Public)

Commission Expires: 6/3/2015

**Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.**

\_\_\_\_\_  
(Applicant's name)

### **SAFETY CERTIFICATION**

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair and maintenance (49 CFR Parts 392, 395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.